

Temporary Continuation of Coverage (TCC) Premium Rates for the Federal Employees Health Benefit Plan

The premium rates listed below are for employees hired on or before 9/30/1987 and entitled to the Federal Health Benefit Plan (FEHB).

TYPE	ENROLLMENT CODE	2010 MONTHLY TCC PREMIUM
AETNA OPEN ACCESS HIGH OPTION		
Self	JN1	\$654.89
Family	JN2	\$1,466.89
AETNA OPEN ACCESS BASIC OPTION		
Self	JN4	\$429.09
Family	JN5	\$1,004.18
AETNA HEALTHFUND CONSUMER DRIVEN HEALTH PLAN (CDHP)		
Self	221	\$429.40
Family	222	\$1,024.71
AETNA HEALTHFUND HIGH DEDUCTIBLE HEALTH PLAN (HDHP)		
Self	224	\$305.00
Family	225	\$667.95
APWU HEALTH PLAN HIGH OPTION		
Self	471	\$454.78
Family	472	\$1,028.31
APWU HEALTH PLAN CONSUMER DRIVEN HEALTH PLAN (CDHP)		
Self	474	\$343.43
Family	475	\$772.62
BLUE CROSS BLUE SHIELD STANDARD		
Self	104	\$549.00
Family	105	\$1,240.03
BLUE CROSS BLUE SHIELD BASIC		
Self	111	\$411.10
Family	112	\$962.81
CAREFIRST BLUECHOICE HIGH OPTION		
Self	2G1	\$495.79
Family	2G2	\$1,115.34

TYPE	ENROLLMENT CODE	2010 MONTHLY TCC PREMIUM
GEHA BENEFIT PLAN HIGH OPTION		
Self	311	\$546.20
Family	312	\$1,242.24
GEHA BENEFIT PLAN STANDARD OPTION		
Self	314	\$327.30
Family	315	\$743.75
GEHA HIGH DEDUCTIBLE HEALTH PLAN (HDHP)		
Self	341	\$388.43
Family	342	\$887.19
KAISER FOUNDATION HEALTH PLAN HIGH OPTION		
Self	E31	\$506.09
Family	E32	\$1,162.92
KAISER FOUNDATION HEALTH PLAN STANDARD OPTION		
Self	E34	\$296.10
Family	E35	\$681.05
MAIL HANDLERS BENEFIT PLAN VALUE OPTION		
Self	414	\$243.63
Family	415	\$580.83
MAIL HANDLERS BENEFIT PLAN STANDARD OPTION		
Self	454	539.75
Family	455	1235.26
MAIL HANDLERS BENEFIT PLAN CONSUMER OPTION		
Self	481	317.05
Family	482	718.43
MDIPA HIGH OPTION		
Self	JP1	\$494.07
Family	JP2	\$1,139.34
NALC		
Self	321	\$520.36
Family	322	\$1,136.78
UNITED HEALTHCARE HIGH DEDUCTIBLE HEALTH PLAN (HDHP)		
Self	E91	\$334.09
Family	E92	\$746.36